

TSD FACILITY ANNUAL DANGEROUS WASTE REPORT

1987

Form 5

PLEASE PRINT IN INK OR TYPE (form designed for use on 8 1/2 x 11 inch typewriter).

1. FACILITY NAME

CHEMICAL PROCESSORS INC.

2. EPA/STATE IDENTIFICATION NUMBER

WA D 000812917

3. FACILITY LOCATION ADDRESS

Street or Description (see instructions)

PIER 91 (PORT OF SEATTLE)

City

SEATTLE

State

WA

Zip

98119

4. LOCATION COUNTY

KING

5. MAILING ADDRESS AND CONTACT PERSON FOR ANNUAL REPORT CORRESPONDENCE

Street or P.O. Box

2203 AIRPORT WAY S, #400

City

SEATTLE

State

WA

Contact

Zip

KEITH A. LUND

Phone

206-223-0500

6. DELETED

7. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES

Primary

Secondary

Other

2911

8. CLOSURE COST ESTIMATE

\$ 636,102.00

9. POST-CLOSURE COST ESTIMATE

\$ N/A

10. REGULATORY STATUS—If your facility meets any of the conditions below, you are exempt from completing page 2 of the report.

(Check the appropriate box)

- ☐ 1. No regulated wastes were treated, stored, or disposed of at this site.
- ☐ 2. All wastes managed were produced by small quantity generators.
- ☐ 3. All waste managed at this site was delisted or a petition approved for exemption of the waste pursuant to WAC 173-303-910 before calendar year 1987.
- ☐ 4. The site has been closed (specify date: _____) and no waste management activities occurred during 1987.
- ☐ 5. Our company no longer owns or operates a business at this site and NO waste management activities occurred under our ownership during 1987.
- ☐ 6. Other (include a cover letter detailing your basis for exemption from reporting.)

11. TOTAL WASTE IN STORAGE ON DEC. 31, 1987

STORAGE METHOD	AMOUNT WASTE	WEIGHT CODE
(SO1C) Container (barrel, drum, etc.)		
(SO2T) Tank, above ground	432,518	P
(SO2U) Tank, underground		
(SO3W) Waste Pile		
(SO4S) Surface Impoundment		
(SO5O) Other		

SEND TO:

DEPARTMENT OF ECOLOGY
HAZARDOUS WASTE SECTION
ATTN: Annual Reports R/6
Mail Stop PV-11
Olympia, WA 98504-8711

Phone Numbers for Assistance:

(206) 459-6369
6504
6305

DUE DATE:

Postmarked No Later Than
MARCH 1, 1988

12. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Keith A. Lund

PRINT OR TYPE NAME

Keith A. Lund

SIGNATURE

March 1, 1988

DATE SIGNED

Attachment #3